



March 26, 2002

WRITER'S DIRECT DIAL:
(650) 849-7718

INTERNET ADDRESS:
MACHINN@PENNIE.COM

Sender: Nathan A. Machin, Ph.D.

Facsimile Transmission

PALO ALTO, CA.
3300 Hillview Avenue
Palo Alto, California 94304
(650) 493-4935
Facsimile: (650) 493-5556

Pages (including this page) 27

Our Ref.: 008907-0087-999

Recipient: Examiner Amy DeCloux

Facsimile Number: (703) 746-4982

Company: USPTO Group Art Unit 1644

Your Ref.: 8907-087-999

Confirmation copy will not follow.

Re: U.S. Serial No. 09/497,957

Message

Please see the attached re-faxed Amendment and Response.

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being filed with the United States Patent and Trademark Office by facsimile transmission on March 26, 2002 to facsimile telephone number (703) 746-4982.

Carla Spacher

If you have any problems regarding this transmission, please contact Nathan A. Machin, Ph.D. at (650) 849-7718.

The information contained in this facsimile message is information protected by attorney-client and/or the attorney work product privilege. It is intended only for the use of the individual named above and the privileges are not waived by virtue of this having been sent by facsimile. If the person actually receiving this facsimile or any other reader of the facsimile is not the named recipient or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us.

CA1 - 767.1

5:27 PM 3/26/02 Transmission Record
Received from remote ID "650 493 5556"
Unique ID: "ADE3CA0AF8E3882"
Elapsed time: 8 minutes, 28 seconds.
Used channel 4.
No ANI data.
No AOC data.
Resulting status code (0): No Errors
Pages sent: 1 - 27

PATENTS ONLYDATE: January 10, 2002THE EXPRESS MAIL NUMBER OF THE-DAY IS EL 452 482 057 USTHE PERSON TAKING EXPRESS MAIL
TO THE POST OFFICE IS: Kevin Isaacs**EXPRESS MAIL CERTIFICATION****EL 452482057US**

Date of Deposit January 10, 2002 I hereby certify that the below-listed papers or fees were inserted into a package that was addressed to the Assistant Commissioner For Patents, Washington, D.C. 20231 and was deposited by me with the United States Postal Service "Express Mail Post Office Addressee" service under 37 C.F.R. §1.10 on the date indicated above.

Signature Date 1/10/02

DATE	DATE	DATE	DATE
DATE	DATE	DATE	DATE
LAC/BBM/cms ✓	N/A ✓	8484-082-999 ✓	Request for Correction of Filing Receipt (1 page) (in duplicate); Exhibit A, Declaration (2 pages); Return Receipt Postcard ✓
BMP/NNM/yc ✓	01/16/02 ✓	8907-087-999 ✓	Petition to Extend Time (3mo) (dupl); Transmittal for Amendment (dupl); Amendment (dupl pg 14); Exhibit A; Exhibit B; return postcard ✓
LAC/RRP/LXH/eas ✓	01/13/02 ✓	9196-012-999 ✓	Amendment and Response to Election Requirement (+ copy pg. 8); Amendment Fee Transmittal (+ copy); Return Postcard. ✓
GSW/DMB/bj ✓	✓	10818-0010-999 ✓	Information Disclosure Statement; Form 1449; references; postcard ✓
GSW/DMB/bj ✓	✓	10818-0004-999 ✓	Information Disclosure Statement; Form 1449; references; postcard ✓
SBA/DMB/bj ✓	1/11/02 ✓	10441-0005-999 ✓	Amendment; Information Disclosure Statement; Form 1449; references; postcard ✓

FILE COPY

Express Mail No. EL 452 482 057 US First Class Mail ()
 Date Mailed January 10, 2002
 Ser. No. 08/834,497 Filed April 4, 199
 Inventor Thomas et al.
 For HEREDITARY HEMOCHROMATOSIS GENE PRODUCTS

- | | |
|---------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Affidavit/Declaration | <input type="checkbox"/> Fee Address Indication Form |
| <input checked="" type="checkbox"/> Amendment dupl pg 14 | <input checked="" type="checkbox"/> Fee Calculation for Amendment (dupl) |
| <input type="checkbox"/> Application Pages | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Claims Drawings | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Appcal, Notice of | <input type="checkbox"/> Oral Hearing Req./Confirm. |
| <input type="checkbox"/> Assignment | <input checked="" type="checkbox"/> Petition to Extend Time (3mo) dupl) |
| <input type="checkbox"/> Brief (in triplicate) | <input type="checkbox"/> Pet. under 37 C.F.R. |
| <input type="checkbox"/> Declaration & Power of Attorney | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Design Application | <input type="checkbox"/> Associate w/Revocation |
| <input type="checkbox"/> Disclaimer | <input type="checkbox"/> Sequence Listing w/Computer |
| <input type="checkbox"/> Disclosure Statement | <input type="checkbox"/> Readable and Paper Copies |
| <input type="checkbox"/> w/refs. <input type="checkbox"/> w/o refs. | <input type="checkbox"/> Small Entity Statement |
| <input type="checkbox"/> Drawings Formal | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Sheets Figures | <input type="checkbox"/> Transmittal Letter |

Other: Exhibit A; Exhibit B; return postcard

File No. 8907-087-999 Sender: BMP/NNM/yc

**POST OFFICE
TO ADDRESSEE**

EL452482057US

EL452482057US

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
ON INSURANCE COVERAGE



Customer Copy
Label 11-4 July 1997

ORIGIN (POSTAL USE ONLY)

PO ZIP 94128	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In 1 10 02	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time In 1942	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight 12.5 lbs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials BC	Total Postage & Fees \$ 39.85

CUSTOMER USE ONLY**METHOD OF PAYMENT:**

Express Mail Corporate Acct. No.

X940998Federal Agency Acct. No. or
Postal Service Acct. No.

☐ **WAIVER OF SIGNATURE** (Domestic Only): Additional merchandise insurance is not available. I wish delivery to be made without obtaining signature of addressee or addressee's agent. If that article can be left in secure location and I authorize that delivery, and provide for return of article if not delivered.

☐ **NO DELIVERY** ☐ **RETURN TO SENDER** ☐ **UNDELIVERED** ☐ **UNDELIVERED** ☐ **UNDELIVERED**

FROM: (PLEASE PRINT)

PHONE ()

**PENNIE & EDMONDS LLP
3300 HILLVIEW AVE
PALO ALTO CA 94304-1203**

TO: (PLEASE PRINT)

PHONE ()

**ASSISTANT COMMISSIONER
OF PATENTS & TRADEMARKS
GENERAL DELIVERY
WASHINGTON DC 20231-0001**

PRESS HARD.

You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811**www.usps.gov**